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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,649	07/07/2003	Joanne R. Bonnell	2002P20262 US01	7643
7590	10/24/2006		EXAMINER	
Alexander J. Burke Intellectual Property Department 5th Floor 170 Wood Avenue South Iselin, NJ 08830			KRAMER, JAMES A	
			ART UNIT	PAPER NUMBER
			3692	

DATE MAILED: 10/24/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)	
	10/614,649	BONNELL, JOANNE R.	
	Examiner James A. Kramer	Art Unit 3627	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on 29 August 2006.
- 2a) This action is **FINAL**. 2b) This action is non-final.
- 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1 and 3-30 is/are pending in the application.
 - 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) Claim(s) _____ is/are allowed.
- 6) Claim(s) 1 and 3-30 is/are rejected.
- 7) Claim(s) _____ is/are objected to.
- 8) Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
- 10) The drawing(s) filed on _____ is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 - a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. _____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) Notice of References Cited (PTO-892)
- 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)
- 3) Information Disclosure Statement(s) (PTO/SB/08)
 Paper No(s)/Mail Date Feb 16, 2005
- 4) Interview Summary (PTO-413)
 Paper No(s)/Mail Date. _____.
- 5) Notice of Informal Patent Application
- 6) Other: _____.

DETAILED ACTION

Response to Declaration

The declaration filed on 8/29/06 under 37 CFR 1.131 has been considered but is ineffective to overcome the Millary et al reference.

1. Reduction to Practice

Examiner references this section from the Office action mailed 3/29/06 and notes that there is no evidence of an actual reduction to practice. Rather Applicant is relying on the filing date as the date of constructive reduction to practice.

2. Diligence

The evidence submitted is insufficient to establish diligence from a date prior to the effective filing date of the Millary reference to either a constructive reduction to practice or an actual reduction to practice.

As noted above Applicant has not provided sufficient evidence to support the declaration of an actual reduction of practice prior to the effective filing date of the Millary reference. As a result, Applicant's invention is considered reduced to practice upon the filing of the patent application (constructive reduction to practice). As Applicant's filing date is after the effective filing date of the Millary reference Applicant must show diligence from a date prior to the effective date of Millary reference to the filing date of Applicant's patent application.

Applicant's Declaration filed 8/29/06 seems to address diligence on page 4, point 12.

Examiner notes that this paragraph appears to be Applicant's attempt to establish diligence for the period between February 2001 and November 2002. This is a period of 21 months.

Examiner does not find this passage sufficient in establishing diligence for such an extended period. Applicant states that this period included a "writing and revising processes." Examiner notes that evidence would include dated copies of various writing and revisions. Other evidence would include various software version, showing improvements and additional functionality.

Additional evidence would include dated search notes from the "performed searches on the US Patent and Trademark website."

3. Conception

The evidence submitted is insufficient to establish a conception of the invention prior to the effective date of the Millary reference. While conception is the mental part of the inventive act, it must be capable of proof, such as by demonstrative evidence or by a complete disclosure to another. Conception is more than a vague idea of how to solve a problem. The requisite means themselves and their interaction must also be comprehended. See *Mergenthaler v. Scudder*, 1897 C.D. 724, 81 O.G. 1417 (D.C. Cir. 1897).

- (a) Applicant's Invention Disclosure entitled "Healthcare Cash Management Accounting Process" attached as part of Exhibit A which includes the details of the claimed invention

Examiner references the arguments with respect to this point made in the Office action mailed 03/29/2006.

Starting on the third paragraph of page 14 of the remarks with amendment filed by Applicant on 8/29/2006, Applicant addresses the points made by the Examiner.

Specifically, Applicant asserts on the 4th paragraph on page 14 that, “specific disclosure of a ‘message processor’ and a ‘data processor’ is not required under MPEP 715.02 as it is obvious that a cash register includes processing devices contained therein.” Examiner hereby takes this as Admitted Prior Art. And hereby notes that the POS machines of Millary therefore also must include these processing devices.

On the first full paragraph on page 15 Applicant further states that “if a key were programmed to display ‘income category received’ it would be obvious from the disclosure that ‘an identifier’ identifying a source of income be included.” Examiner notes here that Applicant has misquoted the disclosure filed as Exhibit A on 7/25/2005. Specifically, a key on the register is not programmed to display “income category received.” Rather, the “keys on the cash register can be programmed to display hospital income categories received from various insurance payers, for example Medicare, Blue Cross, HMO’s, third party payers, bad debt agency payments, patient payments, etc.” In other words, the keys on the register would not say, “income category received” but rather, for example “Medicare” or “Blue Cross.” As such it would not be obvious from the disclosure that ‘an identifier’ identifying a source of income be included with these keys.

Applicant asserts on the 3rd full paragraph on page 15 that the statement of “an automated workflow process” clearly discloses “an automatic process.” Examiner disagrees and notes that “automated” is very different from “automatic”. According to Webster’s Ninth New Collegiate

Dictionary “automatic” is defined as “largely or whole involuntary.” Where as “automated” is defined as “controlled operation of an apparatus, process or system by mechanically or electronic devices that take the place of human organs of observation, effort and decision.” In other words, an “automated” system is not necessarily “automatic.”

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1 and 3-30 are rejected under 35 U.S.C. 103(a) as being unpatentable over Millary et al. in view of Barber et al.

Millary et al. teaches a point of service transaction management for service facilities including a message processor for receiving message data including a first income amount total value, representing cash income received during a first time period, and an associated first income source identifier identifying one of a plurality of departments internal to a hospital providing said associated first income amount total value (see page 4, paragraph 0061 and page 8, paragraph 0097) (claims 1, 15 and 26).

Examiner notes that data importation of Millary et al. represents receiving data and the batch update represents the received message data for a first time period (e.g. once daily). Additionally the accounting codes associated with payment and associated with location (i.e. department) of Millary et al. represent income source identifier (page 4, paragraph 0061)

Examiner asserts that as Millary et al. teaches the batch data includes transaction types, departments in which transaction occurred, payments, balance changes and the like, the system teaches receiving payment amounts (first income amount total value) with payment codes (income source identifiers) for a time period (once daily).

Millary et al. further teaches a data processor for automatically processing the received message data by

- identifying an income account associated with said one of said departments based on said first income source identifier, and for updating said identified income account with said first income amount value to indicate said first income amount value received by said identified income account during said first time period;
- collating and combining data representing total values from a plurality of income accounts to provide a first income amount cumulative total value representing combined cash income total value for said departments during said first time period and

(see page 2, paragraph 0046; page 4, paragraph 61) (claims 1 and 15).

Examiner notes that Millary et al. teaches the inclusion of payment codes allows for payments from multiple categories of an accounting ledger (page 4; paragraph 0061 lines 1-3). Examiner notes that categories of an accounting ledger represents an income account and the accounting code represents the first income source identifier, which is associated with the payment amount (page 4; paragraph 0061; lines 9-10).

Examiner also notes that the interaction of the user terminals with the database capable of storing, accumulating and structuring information related to the services represents collating and combining the data (page 2; paragraph 0046, lines 7-10)

Millary et al further teaches creating a financial statement record using said combined cash income total value for said departments during first time period (claims 1, 15 and 26) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35).

Examiner further notes that the generation of administrative reports taught by Millary et al. represents Applicant's creating financial statement records. In particular, Millary et al.'s teaching of "reporting at each level in any system" (page 5, paragraph 0074, lines 19-20 and Figure 34) represents a first income amount cumulative total value representing combined cash income total value for departments. Examiner notes that Figure 13 specifically illustrates a cumulative total value at the provider site level. As previously stated, since Millary et al. teaches similar reports at each level in the system and as department is one of the levels (Figure 34 and page 5, paragraph 0074, lines 10-12), Millary et al. anticipates a report similar to the one illustrated in Figure 13 at the department level.

Millary et al. teaches that the received message data is derived from a processing device associating a user selected income source identifier with said first income amount total value and wherein said processing device provides cash register functions (claim 3) (pages 3-4, paragraph 0060).

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for first

time period (claim 5) (see page 3, paragraph 0059, lines 7-1; page 4; paragraph 0061, lines 3-7 and page 8; paragraph 0097, lines 4-5). Examiner notes that the POS system of Millary et al. accepts cash payments associated with a hospital department. Again Examiner points out that Millary et al. teaches processing over a time interval (first time period) such as once daily.

Millary et al. teaches a transaction income amount value comprises a disbursement comprising a negative income amount value (claim 6) (page 2, paragraph 0047). Examiner notes that a credit to a user is a disbursement of funds and represents a negative income amount value.

Millary et al. teaches the received message data comprises a file (page 8, paragraph 0097, lines 3-5) and an individual cash transaction comprises and electronic funds transfer (page 3, paragraph 0059, lines 7-10) (claim 7).

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during said first time period and associated with a hospital department and said first income amount total value comprises a transaction income amount value (see page 3, paragraph 0059, lines 7-10; and page 8, paragraph 0097) and said data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period (see page 2, paragraph 0046; page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35) (claims 9 and 15).

Examiner notes that the transactions of Millary et al. represent cash transactions and as such the income amount value comprises transaction income amount value (page 3, paragraph 0059, lines 7-10). Additionally, as previously stated, page 8, paragraph 0097 teaches Applicant's message data which identifies the payment transactions over a time period (e.g. once daily).

Examiner notes that page 2, paragraph 0046 of Millary et al. teaches the system capable of storing, accumulating and structuring information related to fees accrued as a result of services rendered. This teaching, coupled with the teaching of the fees accrued being cash transactions, represents Applicant's "data processor accumulates a plurality of individual cash transaction income amount values for transactions performed during said first time period for said hospital department to provide a cumulative total value for said first time period."

Millary et al. teaches source identifier incorporates an account number identifying income account associated with said one of said departments (claim 10) (page 4, paragraph 61).

As previously explained, the accounting codes of Millary et al. represents Applicant's income source identifier. As such they clearly include an account number.

Millary et al. teaches data processor updates an account for the overall hospital in response to said first income amount total value representing combined cash income for said departments for said first time period (claim 11) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35).

Examiner makes special note of page 5, paragraph 0076, lines 8-10 and Figure 13 which specifically states, “reports may be available by provider site, for overall terminals present at each site.” The provider site is a hospital and these reports represent updates to an account for the overall hospital.

Millary et al. teaches data processor updates an account for a plurality of hospitals including said hospital in response to said first income amount total value representing combined cash income for said departments for said first time period (claim 12) (see page 6, paragraph 0077).

Examiner notes that the use of the system and method of Millary et al. across locations (emphasis on the plural) to allow for the generation of reports, represents that the data processor is capable of updating an account for a plurality of hospitals (or locations).

Millary et al. teaches financial statement record identifies at least one of, (1) a total income received by individual departments of said plurality of departments during said first time period, (b) total income received by individual departments of said plurality of departments during said first time period deposited in a bank and (c) individual cash transactions performed during said first time period by individual hospital department (claim 13) (see page 5, paragraph 0074 through page 6, paragraph 0077 and Figures 9-14 and 34-35). Examiner once again notes that the system and method of Millary et al. allows for reporting at each level in any system, as a result Millary at the very least teaches reporting on a total income received by individual departments for a time period (i.e. end of shift reports).

Millary et al. teaches the first time period comprises at least one of (i) a day, (ii) a week, (iii) a month and (iv) a year. Examiner once again points out that Millary et al. teaches end of shift batch reporting (page 5, paragraph 0075, line 4) as well as once daily reporting (page 8, paragraph 0097, line 5) both of these represent, at the very least, Applicant's first time period comprising at least a day.

Millary et al. further teaches said departments internal to said hospital including at least two of (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashier's office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department, (j) an imaging department and (k) a laboratory (claim 14) (see page 6, paragraph 0082, lines 6-9).

Millary et al. teaches:

- message data also indicating a plurality of individual cash transactions performed during said first time period and associated with multiple patients and
- an individual message data item includes transaction income amount value and an associated transaction income source identifier, identifying one of a plurality of patients providing said associated transaction income amount value;
- a data processor for identifying an income account associated with one of said patients based on transaction income source identifier, and for updating said identified income account to indicate said transaction income amount value received by said identified income account during said time period.

(see page 4, paragraph 0069 and page 8, paragraph 0097).

Examiner notes that Applicant's transaction income source identifier identifying a patient is a patient ID number and as Millary et al. teaches the ability to update a unique record for

“client A” the data must include a identifier to client A (i.e. a transaction income source identifier).

Further the updating of the unique record for client A represents “identifying an income account associated with one of said patients based on transaction income source identifier, and for updating said identified income account to indicate said transaction income amount value received by said identified income account.”

Millary et al. teaches that the received message data comprises a file (page 8, paragraph 0097, lines 3-5).

Millary et al. as described in detail above does not teach receiving message data including a second income amount total value representing income received during a first time period and an associated second source identifier, said second source identifier identifying one of a plurality of organizations external to said hospital providing said associated second income total value (claim 17), wherein said second received message data identifies medical insurance reimbursement income amounts received for services rendered to patients during first time period (claim 2) and an associated patient identifier (claims 4, 8, 16, 22 and 28) wherein the external organization include at least two of (a) HMO, (b) insurance company, (c) patient, (d) a debt collection agency and (e) another health care provider enterprise (claim 20).

Barber et al. teaches a medical payment system in which a central processing system associated with a medical facility is in communication with insurance carriers, banks and e-mail

(Figure 1) in order to receive compensation via electronic funds transfer for services provided to patients (column 3, line 60 through column 4, line 10). Examiner notes that receiving compensation for medical services provided represents receiving message data including a second income amount value representing medical insurance reimbursement income amounts and an associated patient identifier.

It would have been obvious to a person of ordinary skill in the art at the time the invention was made to modify the receiver location/central processing system of Millary et al. to include a communication link with insurance carriers, banks and e-mail; and to receive compensation via electronic funds transfer as taught by Barber et al. Examiner notes that one of ordinary skill in the art would have been motivated to modify the references as taught in order to provide funds directly from insurance carriers to a hospitals bank.

Examiner further notes with reference to claim 20, the external organization includes insurance companies and either patients or debt collectors. Examiner notes that financial institutions and email (as taught by Barber et al.) represents contact with patients as the system of Barber et al. utilizes these connections to collect money not reimbursed by the insurance company.

Millary et al. in view of Barber et al. teaches collating and combining second income amount total values from external organizations to provide a cumulative total value representing combined cash income from said organizations (claims 17 and 30).

Examiner once again notes that Millary et al. teaches databases capable of storing, accumulating and structuring information related to fees accrued for services (page 2, paragraph

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0046). As the insurance reimbursement amounts of Barber et al. represent fees accrued for services, the databases of Millary et al. are capable of collating and combining that data. In other words, since it is obvious to incorporate the second data of Barber et al in to the system of Millary et al. it is also obvious to perform all the same sorting, combining, accumulating and reporting as previously taught by Millary et al. on the incorporated data.

Examiner notes that the same analysis applies for creating financial statement records using second income amount total values.

Millary et al. in view of Barber does not specifically teach combining the reimbursement income amounts with the internal cash income total values to provide a department total amount (claim 2), an updated patient income account (claims 4, 8, 16, 22, and 28) and combined cash income for said hospital (claims 19 and 29).

Examiner once again points out that Millary et al. teaches reports at any level within a hospital including department level reports and hospital level reports (page 5, paragraph 0074 through page 6, paragraph 0078). Further Millary et al. teaches patient balance reports (page 5, paragraph 0082). For further analysis as to these teachings see the rejection under 35 U.S.C. 102(e).

Again Examiner asserts that once the insurance reimbursement data of Barber et al. is imported to the system of Millary et al. it would then be obvious to one of ordinary skill in the art at the time the invention was made to use the insurance reimbursement data as part of the previously described reports of Millary et al. One of ordinary skill would have been motivated

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to include the insurance reimbursement income amounts in the reports of Millary et al. in order to provide the most accurate information in the reports.

Millary et al. teaches the first time period comprises at least one of (i) a day, (ii) a week, (iii) a month and (iv) a year. Examiner once again points out that Millary et al. teaches end of shift batch reporting (page 5, paragraph 0075, line 4) as well as once daily reporting (page 8, paragraph 0097, line 5) both of these represent, at the very least, Applicant's first time period comprising at least a day.

Millary et al. further teaches said departments internal to said hospital including at least two of (a) a cafeteria, (b) a garage, (c) a shop, (d) a pharmacy, (e) a café or restaurant, (f) cashier's office, (g) a clinical department, (h) an outpatient department, (i) an inpatient department, (j) an imaging department and (k) a laboratory (claim 18) (see page 6, paragraph 0082, lines 6-9).

Millary et al. teaches the first income amount total value is received from at least one of (a) a cash register and (b) a processing device with cash register functions (abstract). Examiner notes that an integrated point-of-service transaction management system is a system with cash register functions.

Millary et al. teaches received message data identifies a plurality of individual cash transactions performed during first time period and associated with a hospital department, and said first income amount total value comprises a total transaction income amount value for first

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time period (claim 22) (see page 3, paragraph 0059, lines 7-1; page 4; paragraph 0061, lines 3-7 and page 8; paragraph 0097, lines 4-5). Examiner notes that the POS system of Millary et al. accepts cash payments associated with a hospital department. Again Examiner points out that Millary et al. teaches processing over a time interval (first time period) such as once daily.

Millary et al. teaches a transaction income amount value comprises a disbursement comprising a negative income amount value (claim 24) (page 2, paragraph 0047). Examiner notes that a credit to a user is a disbursement of funds and represents a negative income amount value.

Millary et al. teaches said received message data comprises a file (page 8 ; paragraph 0097) (claims 25 and 27).

Response to Arguments

Applicant's arguments filed 8/29/06 have been fully considered but they are not persuasive. Examiner notes that Applicant's arguments are with respect to Millary being disqualified. As this is not the case the arguments are not persuasive.

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to James A. Kramer whose telephone number is (571) 272 6783. The examiner can normally be reached on Monday - Thursday (8AM - 5PM).

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Richard Chilcot can be reached on (571) 272 6777. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

James A. Kramer
Primary Examiner
Art Unit 3627

jak



6/17/06

A handwritten signature of "James A. Kramer" is written over a diagonal line. To the right of the signature is the date "6/17/06".